First Psychology

Don’t Forget Dad!

Webinar summary document

An introduction

Fatherhood

Fatherhood is an experience that is mostly learned on the job. Every experience of fathering an infant will be different, with a different set of circumstances, different family situations/partners, personalities, and expectations. And yet, there are certain themes that run through every father's experience.

In this webinar, we focus on the psychological distress that fathers experience in the post-natal period. This distress can manifest itself in a lot of ways and for a lot of reasons.

For some time, the focus has been on the mental health of the mother during the perinatal period (the time from the start of pregnancy up to roughly one year after giving birth) and as a consequence, that includes the mental health of the infant.

Fathers have long been excluded from studies on perinatal depression. However, the situation of being a father and fatherhood itself have changed. The nuclear family with a mother, father and infant is no longer necessarily the norm (Ivens 2010).

The diversity of modern family life has meant that society needs to take the concerns of fathers seriously. They are just as prone to suffer from mental distress in the perinatal period, as mothers.

The evidence

There is now sufficient clinical evidence to say that stress during the post-natal period can also lead to depression in the father, and its effects can be every bit as disruptive, not just on the father but on mother and child too.

Dr Paul G. Ramchandani, a psychiatrist at the University of Oxford who did a study based on 26,000 parents, (*The Lancet*, 2005) found that four percent of fathers had clinically significant depressive symptoms within eight weeks of the birth of their children.

Not only is there stigma associated with any mental distress but admitting that one is depressed during what is supposed to be the happiest time in a one's life is often difficult.

"Fathers have long been excluded from studies on perinatal depression"

It is possible that the rates of depression in fathers are underestimated due to them not seeking help or not recognising/denying their situation. In addition, a lack of assessment with appropriate screening tools may lead to misdiagnosis or mismanagement.

Recent scientific discoveries have given significant weight to the fact that depression is not a lifestyle choice nor a sign of weakness, but a neurological condition. Some men believe that it may be seen as a sign of weakness or selfishness for their family's future and wellbeing, and this affects their ability to be open about their struggles and seek appropriate help.

The depressed father is associated with adverse outcomes for his infant. That and conflict within the partnership between the parents is also a risk factor for childhood behavioural problems. Therefore, the quality of support offered to the mother from the father is vital to establish and maintain a healthy relationship and provide a nurturing environment for the infant.

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We hope that this webinar will shed some light on how post-natal depression can manifest in fathers. The aim is to share information on the topic from a psychological perspective so that we are better able to understand, and help fathers manage, their post-natal depression.

This webinar was presented using the latest research in the field, as well as drawing from the presenter's own personal clinical experience as a psychotherapist.

Signs and symptoms

Depression as a whole presents as a complex, multidimensional and insidious disorder, which is gradually being understood. The onset can be attributed to a variety of factors.

According to the Diagnostic and Statistical Manual-IV, the symptoms of post-natal depression in fathers are the same as symptoms of depression that begin outside of the perinatal period.

Symptoms include: depressed mood, loss of interest in activities, sleep disturbance, appetite disturbance, feelings of worthlessness or excessive guilt, fatigue or low energy, decreased concentration and suicidal thoughts.

Caution must be used in order to not identify normal experiences in the postpartum as pathologic. Tests and evaluations for assessments of PND are carried out by professionals in obstetrics/gynaecology, paediatrics, and mental health professionals (clinical psychologists and counsellors).

Subjective accounts of fathers as well as case studies of fathers who have experienced post-natal depression and psychological vulnerabilities demonstrate certain themes:

- Feeling overwhelmed
- Feeling unprepared
- Inability to bond with the baby
- Father's expectations/needs to remain the same person as before
- Feelings around responsibility and baby's dependence
- A persistent feeling of sadness and low mood
- Lack of enjoyment/loss of interest in the wider world
- Disconnected from partner/losing interest in sexual activity
- Lack of energy and feeling tired all the time
- Finding it difficult to look after yourself and your baby
- Withdrawing from contact with other people
- Unhealthy ways of coping (smoking, alcohol, etc)
- Feelings about the prioritisation of baby's needs
- Fear of baby being taken away
- Neglect of responsibilities and self-care

Post-natal depression can develop gradually and can persist for months if left untreated. In a minority of cases it can become a more severe and long-term problem. Some more serious concerns are:

Postpartum psychosis: a relatively rare condition, occurring in one to two per thousand births. Symptoms may include not only psychosis but also mania, depression and confusion.

Anxiety: symptoms commonly co-occur with postpartum depression. Anxiety is focused on: morbid anxiety regarding infant health and infant care, pathological fear of cot death (sudden infant death syndrome), fear of criticism or concerns about removal of the child.

Suicide and infanticide: these are risks of post-natal depression that merit serious concern. Fathers may occasionally suffer from frightening and intrusive thoughts – for example, about hurting themselves or their baby.

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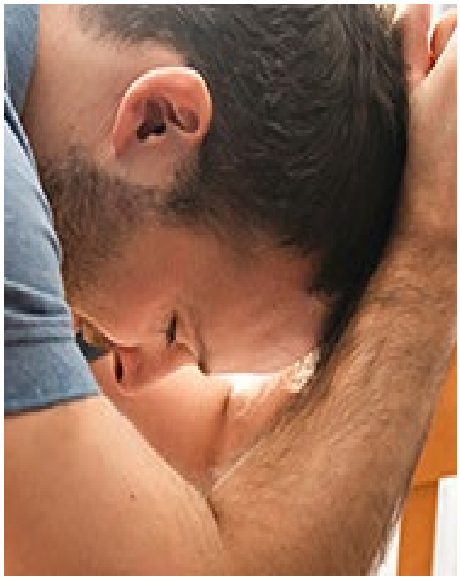
Risk factors



Socio-cultural: Unlike women, men are not generally brought up to express their emotions or to ask for help. They are often socialised or not to attune to their emotional health and vulnerabilities. The father may feel he is unable to ask for help from relatives and friends as this will not appeal to his image of being the provider. Extended and nuclear families are no longer as dominant as in past years, and there is no guarantee that his family will be available for support. This coupled with the lack of any further outside social and or emotional support can leave the father feeling isolated and vulnerable (Matthey *et al*. 2000, Boyce *et al*. 2007). Fathers also fear being judged or losing custody of their infants.

Previous coping mechanisms: Studies have shown that if the father has difficulty coping with stressors and feelings around significant life transitions, then he is less likely to have the appropriate strategies to cope in the postnatal period, which may ultimately lead to anxiety or depressive disorders (Johnson & Baker 2004).

Expectations/awareness of realities of fatherhood: The unrealistic expectations and a lack of awareness or education about the process of childcare and the pressures that it brings, may emphasise the resentment he feels. This may leave him susceptible to criticism and as a result may further compound any lack of self-esteem (Buist *et al*. 2003). Conversely, the fathers who were well informed about the role of the father and parenting appear to have heightened self-esteem.

Experience of pregnancy: Troubles conceiving, planned/unplanned pregnancy, previous miscarriages, course of pregnancy (critical life events, ill-health), stressful delivery.

Previous history: The father may have a history of anxiety and or depression or a family history of mental ill health, and as the research shows, his illness can be exacerbated by the demands of the perinatal period (Matthey et al. 2000). Childcare can also trigger a father's experience of being parented, childhood traumas, etc.

Partnership/parental relationship: By far the strongest predictor of paternal postpartum depression is having a depressed partner. In one study, fathers whose partners were also depressed were at nearly two and a half times the normal risk for depression. That was a critical finding because clinicians tend to assume that men can easily step up to the plate and help fill in for a depressed mother. In fact, they too may be stressed and vulnerable to depression. Research has clearly shown that maternal postpartum depression can impair the emotional and cognitive development of infants. A father could well buffer the infant from some of the adverse effects of

maternal depression but that is a tall order if he too is depressed. Secondly, caring for an infant is a difficult and demanding experience that can cause frictions in the parental relationship. Feeling like you're not understood by your partner, feeling neglected by your partner, and an inability to rely on the partner can exacerbate feelings of isolation and depression.

Environmental factors may also be compounders: Studies have found that the impact of poor or inadequate housing prior to the birth has an impact on mental health. The father may be unemployed or on low wages and relying on benefits. The reality of the necessary expenditure for the infant will impact the already stretched family finances. If the father has been struggling to meet the needs of his workplace, a sparse finance situation may be exacerbated because of his response to the demands of his infant's needs.

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Treatment options

New parents often put their children first and may therefore not seek help with their mental health. The treatment of depression in the postpartum is similar to the treatment of depression in general. The ultimate goal of treatment of post-natal depression is to decrease symptoms of depression and consequences of depression.

The elements of treatment include psycho-education about depression in fathers, engagement of social support, counselling/psychotherapy, and pharmacological prescriptions if the depression is severe. Fathers who participate in psychotherapy or psychosocial treatment are less likely to remain depressed. Consistent counselling and psychotherapy show promise in post-natal depression.

Counselling can assist with the role on transitions and interpersonal disputes common to new fatherhood. The NHS may be able to offer resources for parental support during a baby's pediatric visits. Music therapy, creative arts therapy, exercise therapy and stress management skills may also be helpful.

The role of self-care and social support is critical. Fathers with social or professional support are less likely to remain depressed. Even telephone support may, among other benefits, decrease symptoms.

Psychoeducational sessions that occur with a partner, rather than with the mother/father alone, have been shown to help more with depression. Marital therapy can be useful in some cases. In addition, home-based psychological interventions including psychodynamic, cognitive–behavioural and nondirective counselling have been shown to decrease maternal depression. Finally, some treatment centres and even community centres offer group therapy. Various group therapies have proven effective for post-natal depression including support groups and psycho-education groups.

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